

# REVIEW PROCESS INFORMATION DOCUMENT

## PASRR INITIAL & FOLLOW-UP EVALUATIONS

To be attached to evaluations sent to Dr. Judy Kaplan upon completion of evaluation, this form will be returned to the evaluator. This form will be evidence of work completed and shall be submitted with invoice voucher (A-19) for payment from the Division of Behavioral Health and Recovery

### To be completed by evaluator:

I Patient Name: \_\_\_\_\_  
Name of Facility: \_\_\_\_\_  
Date of Evaluation: \_\_\_\_\_

II. Name of Evaluator: \_\_\_\_\_  
Completed Name of Contracted Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

III. ☐ Pre-Admission Assessment ☐ SNF Based Assessment ☐ Follow-up Assessment

### To be completed by reviewing psychiatrist:

IV. Date of psychiatric review: \_\_\_\_\_ Signature: \_\_\_\_\_

Comments: ☐ To Evaluator ☐ To DSHS/MHD

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### To be completed by Quality Assurance Reviewer for DSHS/MHD:

V. Date of QA Review: \_\_\_\_\_ Signature: \_\_\_\_\_

Comments: ☐ To Evaluator ☐ To DSHS/MHD

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☐ Payment approved – Evaluation complete ☐ Payment denied – Explanation:

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